


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 027 ***150.00

DOCUMENT # P01000036076
 1. Entity Name
MORNINGSIDE MONTESSORI SCHOOL, INC.



Principal Place of Business 5005 COLLINS AVENUE SUITE 411 MIAMI BEACH, FL 33140	Mailing Address 5005 COLLINS AVENUE SUITE 411 MIAMI BEACH, FL 33140
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94008252

2. Principal Place of Business 5051 BISCAYNE Blvd.	3. Mailing Address 5051 BISCAYNE Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01242004 Chg-P CR2E034 (10/03)

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL	4. FEI Number 65-1099879	Applied For Not Applicable
Zip 33137	Country	Zip 33137	Country

6. Name and Address of Current Registered Agent

HIDALDO, YSSET E
 5005 COLLINS AVENUE
 SUITE 411
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5051 BISCAYNE BLVD.

City **MIAMI BEACH** FL Zip Code **33137**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *Ysset Hidalgo* Ysset Hidalgo DATE **1-27-04**

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HIDALGO, YSSET E <input type="checkbox"/> Delete 5005 COLLINS AVENUE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 618 NE 58 ST. MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ysset Hidalgo* Ysset Hidalgo DATE **1-27-04** 305-757-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #